

1. Application Date 5/22/73		INSTRUCTIONS: See separate instructions for completion of front and reverse of this form. Sign original and two copies and forward to Department of Archives and History, Attention: Records Management Officer.		FOR RECORDS MANAGEMENT DIVISION USE Date Received Application No. Date Completed JUN 5 1973 73-385 JUN 7 1973																									
2. Agency Application No. DCS-15		3. AGENCY, Division, Subdivision & Administering Office Address Department of Human Resources Division of Community Services-Youth Services 47 Trinity Avenue Atlanta, Georgia 30334		4. Person to Contact Mr. Charles Ray																									
				5. Working Title Assistant Director		6. Tel. No. 656-4464																							
7. ACTION REQUESTED																													
<input checked="" type="checkbox"/> ESTABLISH DISPOSITION STANDARD; RECORD WILL CONTINUE TO ACCUMULATE. <input type="checkbox"/> DISPOSE OF PRESENT ACCUMULATION; NO FURTHER ACCUMULATION ANTICIPATED.																													
8. Earliest & Latest 197/ Dates of Series 1991 to date		9. Exact Series Title SPECIAL PROJECTS JUVENILE OFFENDER CASE FILES																											
10. What is the function of the office in which this record series is created? The Youth Services Unit, headed by the Assistant Director of Social Services, is responsible for the administration and supervision of programs in the State for Youths. Included are (1) the administration of detention centers for juveniles (Youth Centers Administration), (2) the supervision of pretrial, trial, post-trial, pre-detention and post-detention services to juveniles in the state (Court Service Administration).																													
11. This file contains the following documents (include form numbers and titles, if any, and file arrangement). Documents relating to the care and supervision of juveniles in lieu of institutionization. The Special Projects include Day Centers, Community Treatment Centers, and Group Homes. Included are any or all of the following: <table style="width:100%; border: none;"> <tr> <td style="width:50%;">1. Form 80 (FACE SHEET)</td> <td style="width:50%;">10. Confidential Sheet</td> </tr> <tr> <td>2. Intake Form</td> <td>11. Student Report</td> </tr> <tr> <td>3. Court Order (COPY)</td> <td>12. Student Test Profile Sheet</td> </tr> <tr> <td>4. Social History</td> <td>13. Monthly Progress report</td> </tr> <tr> <td>5. Form 81 (ORDER OF COMMITMENT)</td> <td>14. Youth Workers Evaluation</td> </tr> <tr> <td>6. Court Service Worker Evaluation</td> <td>15. Misconduct Form</td> </tr> <tr> <td>7. Health Record</td> <td>16. Correspondence</td> </tr> <tr> <td>8. Report of Home Visitation</td> <td></td> </tr> <tr> <td>9. Form 82-1 (PERMIT FOR CHANGE IN PLAN FOR CARE)</td> <td></td> </tr> </table> <p style="text-align: right;">Files are arranged alphabetically by juveniles name.</p>						1. Form 80 (FACE SHEET)	10. Confidential Sheet	2. Intake Form	11. Student Report	3. Court Order (COPY)	12. Student Test Profile Sheet	4. Social History	13. Monthly Progress report	5. Form 81 (ORDER OF COMMITMENT)	14. Youth Workers Evaluation	6. Court Service Worker Evaluation	15. Misconduct Form	7. Health Record	16. Correspondence	8. Report of Home Visitation		9. Form 82-1 (PERMIT FOR CHANGE IN PLAN FOR CARE)							
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QUESTIONNAIRE Place an "x" in the proper column. If answer is "YES," please explain

YES NO

13. Is this the Record Copy of the series? ☒ [X] ☐ []
14. Is there a duplication of this series in another office or agency? ☐ [] ☒ [X]
15. Is the information contained in this series ever summarized or published? ☐ [] ☒ [X]
Attach copy of summary or publication.
16. Does the series contain classified information requiring security handling? ☒ [X] ☐ []
Juvenile Court Code and Children and Youth Act
17. Does the series initiate, amend or terminate agency policies and procedures? ☐ [] ☒ [X]
18. Could the function be performed if the files were lost or destroyed? ☒ [X] ☐ []
19. Is the series (or major portion of it) regularly microfilmed? If yes, why? ☐ [] ☒ [X]
20. Does the record series provide data as input to an EDP file? ☐ [] ☒ [X]
21. Does the record series contain documentation produced as EDP printout? ☐ [] ☒ [X]
22. Has the Federal Government issued instructions governing the retention/disposition of these files? ☐ [] ☒ [X]
23. Will there be a need for these records 10, 15 years from now? If yes, what? ☐ [] ☒ [X]

24. **REQUIREMENTS.** The following requires the files to be kept * _____ years:

* until juvenile reaches the age of 18

a. ☒ STATE LAW b. ☐ STATUTE OF LIMITATION c. ☐ AUDIT PERIOD d. ☐ FEDERAL LAW e. ☐ ADMINISTRATIVE DECISION f. ☐ HISTORICAL VALUE

(Cite Law, Statute, or other reason for the retention requirement)

Chapter 24A-27(e) The Juvenile Court Code and Ga. Code Ann. 74-104 as amended

25. **AGENCY RECOMMENDATIONS.** This agency recommends that the file series be cut off at the end of each - ☐ [] CALENDAR YEAR - ☐ [] FISCAL YEAR - ☒ [X] OTHER see below, then:

- ☐ [] Hold in the current files area _____ month(s)/ _____ year(s):
- ☐ [] Transfer to ☐ [] State Records Center ☐ [] Local Holding Area; hold _____ year(s):
- ☐ [] Destroy.
- ☐ [] Transfer to State Archives for permanent retention.
- ☐ [] Destroy immediately after cut-off.
- ☒ [X] Other: (Specify)

Upon termination of care, place folders in inactive file arranged by year in which juvenile reaches the age of majority; hold until the end of the year in which juvenile reaches the age of majority; then destroy; except for those years which end in zero (0) and five (5), transfer one cubic foot of records to the State Archives for permanent retention.

(Indicate briefly rationale for recommendations above/or write additional remarks):

Records Management Officer (Signature) <i>Ben A. Spruloch</i>		Date <i>5-22-73</i>		OTHER REQUIRED SIGNATURES		DATE	
26. Recommendations in paragraph 25 are:		Agency Head/Designee <input checked="" type="checkbox"/> [X] Approved <input type="checkbox"/> [] Disapproved		<i>Charles E. Fay</i>		<i>5/22/73</i>	
		State Auditor/Designee <input checked="" type="checkbox"/> [X] Approved <input type="checkbox"/> [] Disapproved		<i>William M. Dixon</i>		<i>6-6-73</i>	
		Secretary of State/Designee <input checked="" type="checkbox"/> [X] Approved <input type="checkbox"/> [] Disapproved		<i>Cassell T. East</i>		<i>6-1-73</i>	
		Attorney General/Designee <input checked="" type="checkbox"/> [X] Approved <input type="checkbox"/> [] Disapproved		<i>Robert K. Well</i>		<i>6-6-73</i>	
STATE RECORDS COMMITTEE							